

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000017581

1. Entity Name

HEALTH ADVICE INSURANCE BROKERS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1247 W. 44 PL.

Suite, Apt. #, etc.

3. Mailing Address

1247 W. 44 PL.

Suite, Apt. #, etc.

City & State

MIAMI

City & State

MIAMI

Zip

33012

Country

DADE

Zip

33012

Country

DADE

4. FEI Number

65-1076030

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MANUEL ENRIQUEZ

Street Address (P.O. Box Number is Not Acceptable)

9401 S.W. 4 ST APT 231

City

MIAMI

FL

Zip Code
33

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-8-02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PRESIDENT
MANUEL ENRIQUEZ
9401 S.W. 4 ST # 231
MIAMI, FL 33

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

700005620557--1
-05/28/02--01019--021
****150.00 ****150.00

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

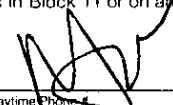
SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

5-8-02



DATE: 5-8-02

FL. DEPARTMENT OF STATE
ANNUAL REPORT

PER OUR CONVERSATION PLEASE CHECK YOUR RECORDS THAT MY
CORPORATION HEALTH ADVICE INSURANCE BROKERS INC
DOCUMENT # P01000017581

NEVER RECEIVED THE ANNUAL REPORT THIS YEAR. PLEASE ACCEPT OUR
PAYMENT WITHOUT PENALTY DUE TO THAT WE NEVER RECEIVED THE
REPORT.

THANKING YOU IN ADVANCE


SIGNATURE

MANUEL ENRIQUEZ
PRINT NAME/ TITLE (PRESIDENT)